## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 766106  1. Entity Name  THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY,					Secretary of State 01-22-2001 90126 037 ****61.25					
IIIC DEI	TETOLENI AODOGANION OI		5.11.17			71-22-2001 701	20 057	01.23	,	
Principal Place of Business		Mailing Address								
203 CLARA ST. MILTON FL 32570		203 CLARA ST. MILTON FL 32570			იიიიი მ. გ.					
2. Principal Place of Business MIHDN FI. Suite, Apt. #, etc.		3. Mailing Address 2 p.3 CIARA St. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State MITON	FI.		4. FEI Number	59-2253490			pplied For ot Applicable	
<sup>Zip</sup> 325	Country	32510_	SANTA R	05A	_ <del>_</del> .	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name			Address of New Ro	egistered A	gent		
MCDONALD, HILDA 203 CLARA ST.			ل	S F Address (F	P.O. Box Number	r is Not Acceptable	)			
MILTON F			City				FL	Zip Cod	ie	
8 The above	named entity submits this statement fo	r the purpose of changing	its registered office o	r registere	ed agent, or both	n, in the state of Flo				
C. The above		, and posposo or origing		,						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agent signal	ture required	when reinstating)		DATE			
			· · · · · · · · · · · · · · · · · · ·							
'FILE NOW: FEE IS \$61.25					May Be Make Check Payable to Department of State					
10.	OFFICERS AND DI		11.	/P	DDITIONS/CHA	NGES TO OFFICE	RS AND DIF	RECTORS IN	V 10	اء
TITLE NAME	WPD PRESIDENT BURRIS, HOWARD	☐ Delete	TITLE NAME	JAC	K D. M	EDONAL ilton Br	d 5K.	, L Change	Addition	12
STREET ADDRESS	5901 HAMILTON BRIDGE RD		STREET ADDRESS	46	51 HAM	liton br	ay.	P. U.	BOX 101	
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP	Mil	ton, F	1. 3257	0 1	(†Ce,   ☐ Change	F1 · 3251 ☐ Addition	A CH
TITLE NAME	ed McDonald, Hilda	☐ Delete	NAME D.	1.	RGARE	+ BAIL	y		☐ Addition	C
STREET ADDRESS			STREET ADDRESS	741		CY CIR				
CITY-ST-ZIP	MILTON FL	A-	CITY-ST-ZIP			-1:-32-5	^ <b>7</b> ^ <b>D</b> -	Chagge		
TITLE NAME	PD WILLIAMS, J. C.	Delete	NAME D.	Ke	GINA C	Wood DA	2.	☐ Change	☐ Addition	ļ
STREET ADDRESS	6237 GLENDALE DR.		STREET ADDRESS				12		ļ	
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP	191	ItoW,					1
TITLE	SD	☐ Delete	TITLE <b>D</b> .	Be	Hy, 8	OKRIS	,	Change	Addition	
NAME STREET ADDRESS	SCOTT, JANET 9124 BARNEY BROXSON RD		NAME STREET ADDRESS	30	y W. Pr					
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP	Mil	Itom, F	1. 3251	0			
TITLE	TD	☐ Delete	TITLE D.	601	VN 05	WALL		☐ Change	Addition	
NAME	SCHAUD, LAURA		NAME STREET ADDRESS	-/h	t06 0A	K St.				
STREET ADDRESS CITY-ST-ZIP	815 BELLE ALLIANCE DR PENSACOLA FL 32514	B	CITY-ST-ZIP	m	ItOW, 1	51. 325	10			
TITLE	D	☐ Delete	TITLE D.	Sh	Rlev	PARKEI		☐ Change	Addition	1
NAME	JORDAN, NANCY		NAME		108 7	DHNSON	Kd.			
STREET ADDRESS	9474 NAVARRE PRKY		STREET ADDRESS CITY-ST-ZIP	m	itoN.	F1. 32	583			
CITY-ST-ZIP	NAVARRE FL 32566 certify that the information supplied with	this filing does not quelify						tify that the	information	1
indicated of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repo	at my signature shall t ort as required by Ch	have the s	same legal effect	t as if made under d	oath; that i a	am an office	er or airector	
слапаеа	, or on an attachment with an address,	with an other like empower	su.			_				1

## THE BENEVOLENT ASSOCIATION of SANTA ROSA COUNTY, INC.

444achment Sheet. # 766106/D006049

Office of the Executive Director

continued list from Block 11:

- D. GREGG PERRY 1342 Copter LN. milton, Fl. 32510
- D. Rev. DAVId-Spencer 5800 Hermitage Cir. Milton, Fl. 32570
- D. Douglas A. Worley 6102 Willard Norris Rd. Milton, Fl. 32570
- D. WANDA THACKER
  6170 PINE BLOSSOM Rd.
  M. ItON, Fl. 32570

(Signed) HildA M. M. EDONALD Hilda M. M. W. Wonald Vil/001 850/623-8239

> Feed The Hungry Clothe The Needy Help The Poor